

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/03/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445268	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/02/2010
NAME OF PROVIDER OR SUPPLIER LEBANON HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 147 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the electrical system as required.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. On 9/2/10, at 1:15 p.m. observation within the 200 hall ceiling area above room 201 entry door revealed an opened junction box without a cover. National Fire Protection Association (NFPA) 70, 410-56(d) 2. On 9/2/10 at 1:30 p.m. observation within the 300 hall ceiling area above the linen room entry door revealed a partially opened junction box. NFPA 70, 410-56(d) <p>These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview on 9/2/10.</p>	K 147	<p>F147</p> <p>The facility will ensure electrical wiring and equipment is in accordance with the NFPA 70, National Electric Code. 9.1.2</p> <p>The following corrective actions have been taken:</p> <p>The Maintenance Supervisor properly installed a cover on the junction box within the 200 hall ceiling area above room 201 entry door on September 3rd 2010.</p> <p>Simplex- Grinnell correctly wired the junction box on 300 hall ceiling area above the linen room on September 10th 2010.</p> <p>Residents with the potential to be affected by the alleged deficient practice will be identified:</p> <p>Other areas of the facility were checked to ensure junction boxes had covers.</p> <p>Other areas of the facility were checked to ensure wiring was correct in all junction boxes.</p> <p>Measures put in place to ensure that the alleged deficient practices does not recur include:</p> <p>The Maintenance Supervisor will conduct random inspection to ensure compliance.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Mary W. McElroy

Administrator

9/20/2010

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 147 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the electrical system as required.</p> <p>The findings include:</p> <p>1. On 9/2/10, at 1:15 p.m. observation within the 200 hall ceiling area above room 201 entry door revealed an opened junction box without a cover. National Fire Protection Association (NFPA) 70, 410-56(d)</p> <p>2. On 9/2/10 at 1:30 p.m. observation within the 300 hall ceiling area above the linen room entry door revealed a partially opened junction box. NFPA 70, 410-56(d)</p> <p>These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview on 9/2/10.</p>	K 147	<p>The Corrective action will be monitored to ensure the alleged deficient practice will not recur:</p> <p>The data collected from the audits will be given to the Administrator for tracking and trending to be presented at the Quality Assurance Committee meeting. Compliance of this system will be reviewed monthly by the Quality Assurance committee consisting of the Medical Director, Administrator, Director of Nursing, Staff Development Coordinator, Medical Records, Dietary Manager, Rehab Manager, Resident Care Management Director, Pharmacist Consultant, Maintenance Supervisor, Social Service Director, Activities Director, and Housekeeping Supervisor. Subsequent plans of correction will be developed and implanted as needed.</p> <p>Completion Date: 09/10/2010.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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